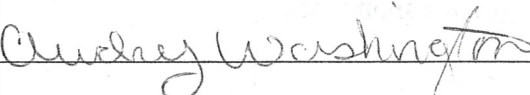


Permit Application Review Checklist

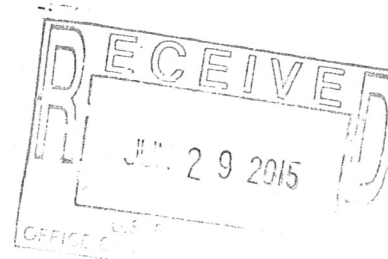
<u>Part (1) Application Receipt and Registration</u> *To be completed by the Permit Clerk*	
Facility Name: The Dalles Lock and Dam/U.S. Army Corps of Engineers	
Permit Number: OR-NEW	
Date Reminder Letter Sent for Additional Information:	NONE
Date of Postmark on Application Submittal :	6/25/2015
Date Application is Received in OWW:	6/29/2015
Note: <u>Application transmittal letter and the first three pages of the application are to be copied.</u> The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	-----
Date application package and Checklist are routed to Review Coordinator:	7/1/2015
Date Application Information logged into E-database:	7/1/2015
Permit Clerk Sign off & Date: 	7/1/15
<u>Part (2) Application Review for Timeliness & Completeness</u> *To be completed by Review Coordinator*	
Permit Writer of the Month (name):	
A. If Application is determined to be Timely and Complete: 1) Date Determination letter sent to Applicant: 2) Go to D. below	
B. If Application is not timely , go to E C. If Application is determined to be Incomplete : (see below)	

1. Date Incomplete letter sent to Applicant:	
2. Date additional information is due to R10:	
3. Date additional information is received:	
4. Date Application is determined complete:	
5. Date Timely & Complete letter sent to Applicant:	
6. Go to D (below)	
D. Check for Industrial Storm water: 1. Is the facility an Industrial Facility? 2. A municipal discharger discharging greater than 1 MGD? Or 3. Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm 4. If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. ----- 5. Go to E	
E. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below	
F. Date package is routed to NCU Database Manager: (Note: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	
Application Information logged into E-database	
Review Coordinator Sign off and Date	
<p align="center">Part (3) ICIS/PCS Database Entry *To be completed by NCU Database Manager*</p>	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	



DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS, PORTLAND DISTRICT
PO BOX 2946
PORTLAND OR 97208-2946

JUN 24 2015



CENWP-OD-T

Environmental Protection Agency, Region 10
Attn: Michael Lidgard
1200 Sixth Avenue, Suite 900
Seattle, WA 98101

SUBJECT: NPDES Permit Application for The Dalles Lock and Dam

Dear Mr. Lidgard:

The U.S. Army Corps of Engineers (USACE) at The Dalles Lock and Dam applied for an NPDES permit with EPA for 31 wastewater discharges to the Columbia River in 2008. To date, the permit has not been issued, and pursuant to the August 14, 2014 settlement agreement entered into in *Columbia Riverkeeper v. United States Army Corps of Engineers*, Case No. 2:13-2494 (E.D. Wash.), additions to the application are necessary. In that settlement agreement, USACE agreed to "apply for NPDES permits to address alleged discharges of pollutants, including, at a minimum, alleged discharges from powerhouse drainage sumps, unwatering sumps, spillway sumps, navigation lock sumps, wicket gate bearings, turbine blade packing/seals and discharges of cooling water systems[.]" The agreement further specified that for The Dalles Dam, the "application" would "consist of amendments to the currently pending permit application to make it consistent [with the settlement agreement]. Therefore, in conjunction with the previously submitted NPDES permit application for The Dalles Lock and Dam, USACE is submitting additional application forms.

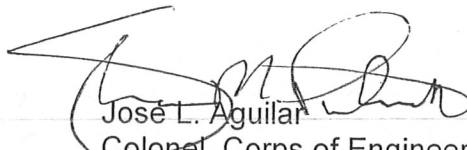
The original permit was filed using EPA Form 2C (process wastewater). These forms did not include water quality data for oil and grease. Furthermore, upon recent assessment of facility processes, three further wastewater outfalls were identified. The approach to update the existing permit application is to (1) submit EPA Form 2E (non-process wastewater) for the additional outfalls, (2) where necessary, amend existing EPA Forms 2C, and (3) include additional information to an attachment in Section VII of Form 2E.

Specifically, Outfalls 32, 33, and 34 are addendums to the original permit and are filed on Form 2E. Outfalls 1-31 lacked oil and grease data in the original application; this data has now been collected and reported in Section VII as an attachment to Outfall 32. Temperature was originally reported in Fahrenheit; therefore it has been converted to Celsius and included in the Outfall 32 Section VII attachment.

-2-

This application is not an admission by USACE that such alleged discharges constitutes the discharge of pollutants under the CWA and does not seek approval to address mere river flow through or over any of the Dams.

Sincerely,



José L. Aguilar
Colonel, Corps of Engineers
District Commander

Enclosure

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER										
				S	T/A C									
				F	D									
				1 2	13 14 15									
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS										
I. EPA I.D. NUMBER	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.													
III. FACILITY NAME														
V. FACILITY MAILING ADDRESS														
VI. FACILITY LOCATION														
II. POLLUTANT CHARACTERISTICS														
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .														
SPECIFIC QUESTIONS		Mark "X"		Mark "X"										
		YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED							
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X			X								
		16	17	18		19	20	21						
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X		X								
		22	23	24		25	26	27						
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X			X								
		28	29	30		31	32	33						
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			X								
		34	35	36		37	38	39						
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			X								
		40	41	42		43	44	45						
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)						X								
						43	44	45						
III. NAME OF FACILITY														
C	1	SKIP	The Dalles Lock and Dam											
15	16	29	30						69					
IV. FACILITY CONTACT														
A. NAME & TITLE (last, first, & title)														
C	2	Freels, Carson, Environmental Compliance Coordinator												
15	16							45	46	48	49	51	52	55
B. PHONE (area code & no.)														
C	2	(541) 298-7415												
15	16							45	46	48	49	51	52	55
V. FACILITY MAILING ADDRESS														
A. STREET OR P.O. BOX														
C	3	PO Box 564												
15	16							45						
B. CITY OR TOWN														
C	4	The Dalles												
15	16							40	41	42	47	51		
C. STATE														
C	4	OR												
15	16							40	41	42	47	51		
D. ZIP CODE														
C	4	97058												
15	16							40	41	42	47	51		
VI. FACILITY LOCATION														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
C	5	Exit 88 Interstate 84												
15	16							45						
B. COUNTY NAME														
C	5	Wasco												
15	16							45						
C. CITY OR TOWN														
C	6	The Dalles												
15	16							40	41	42	47	51	52	54
D. STATE														
C	6	OR												
15	16							40	41	42	47	51	52	54
E. ZIP CODE														
C	6	97058												
15	16							40	41	42	47	51	52	54
F. COUNTY CODE (if known)														
C	6													
15	16							40	41	42	47	51	52	54

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)

F. CITY OR TOWN																																								G. STATE		H. ZIP CODE		IX. INDIAN LAND			
C																																													Is the facility located on Indian lands?		
B	Portland																																								OR		97208		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
45	46																																							40	41	42	47	51	52		

[illegible]

C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I													C	T	I													(specify)	
9	R		OR3210800030												9																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Dalles Dam is located 192 miles from the mouth of the Columbia River, two miles east of the city of The Dalles, Oregon. The dam extends 1.5 miles from the Oregon shore to the navigation lock on the Washington shore. Because the boundary between the two states follows the old river channel, The Dalles Dam is almost entirely in the state of Washington.

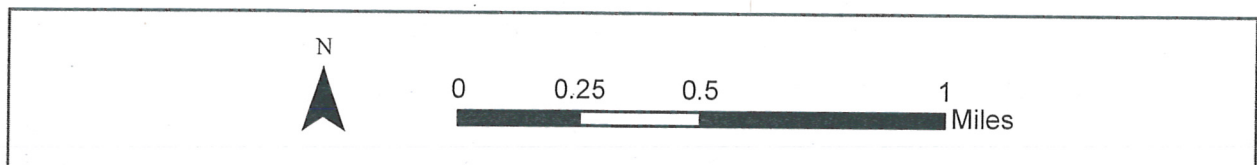
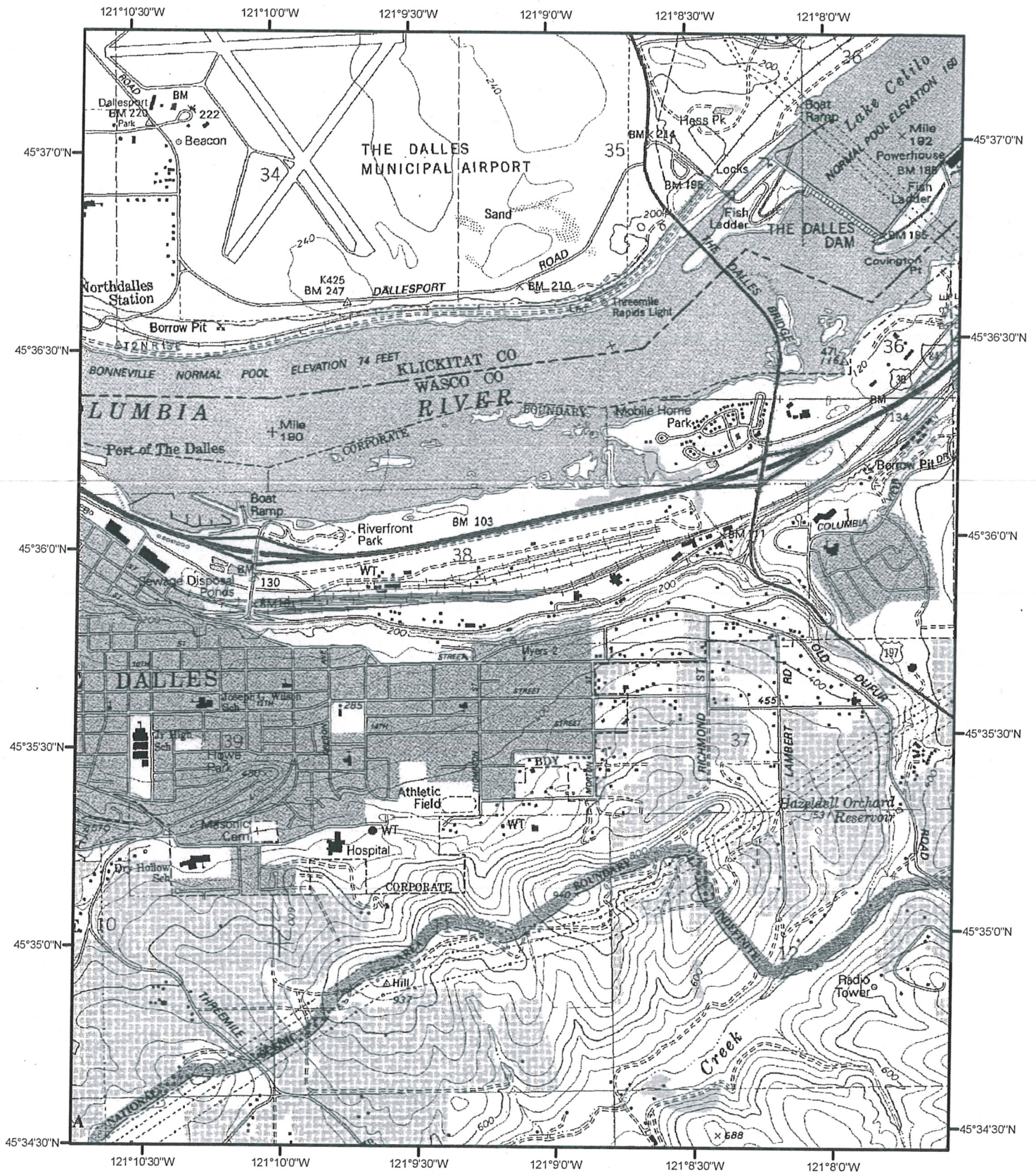
The project consists of a navigation lock, spillway, powerhouse and fish passage facilities. Various recreational facilities are provided along Lake Celilo, the 24-mile-long impoundment behind the dam.

XIII. CERTIFICATION (see instructions)

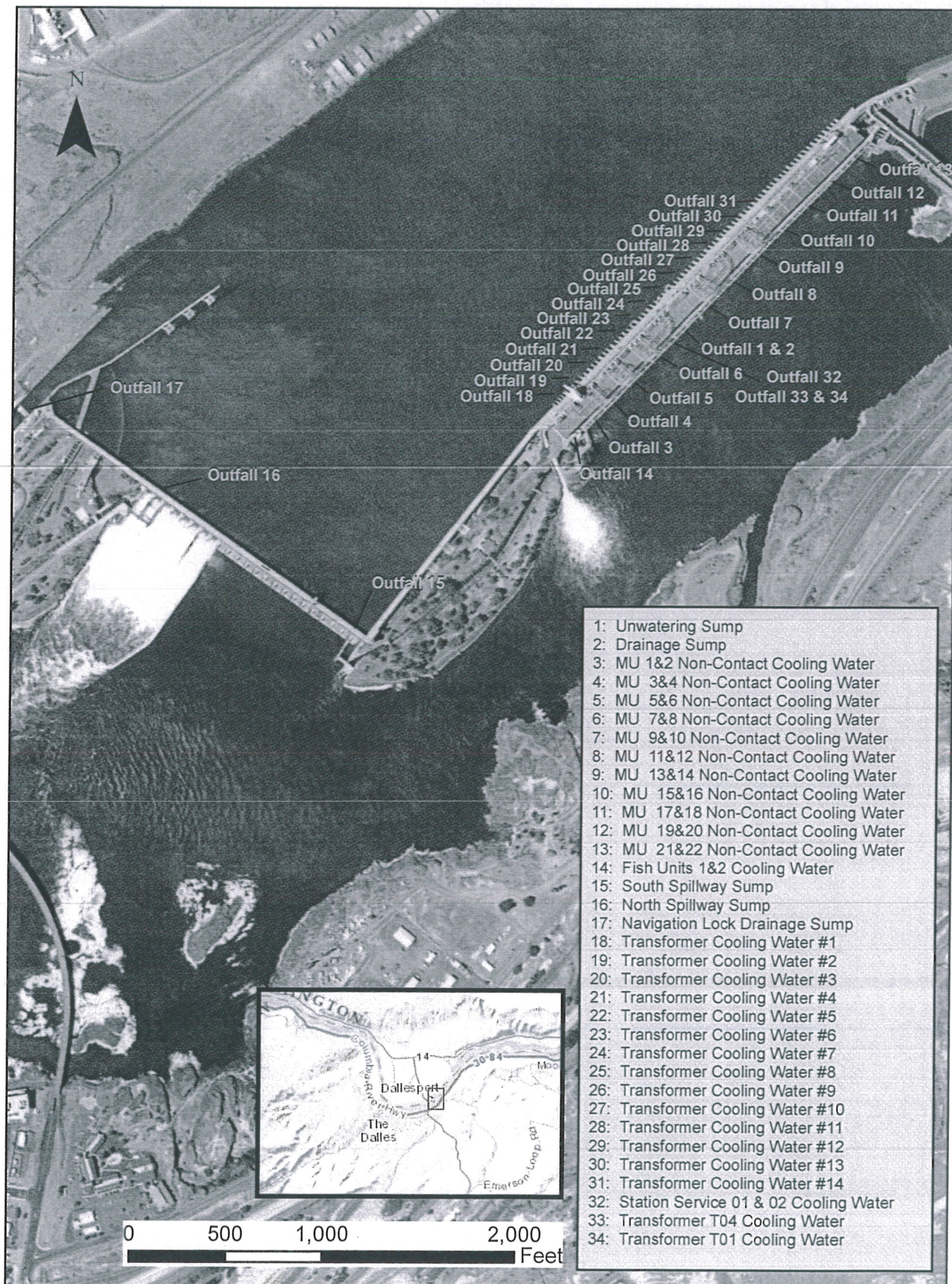
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY		
C		
C		
45	46	55

Location Map: The Dalles Lock and Dam



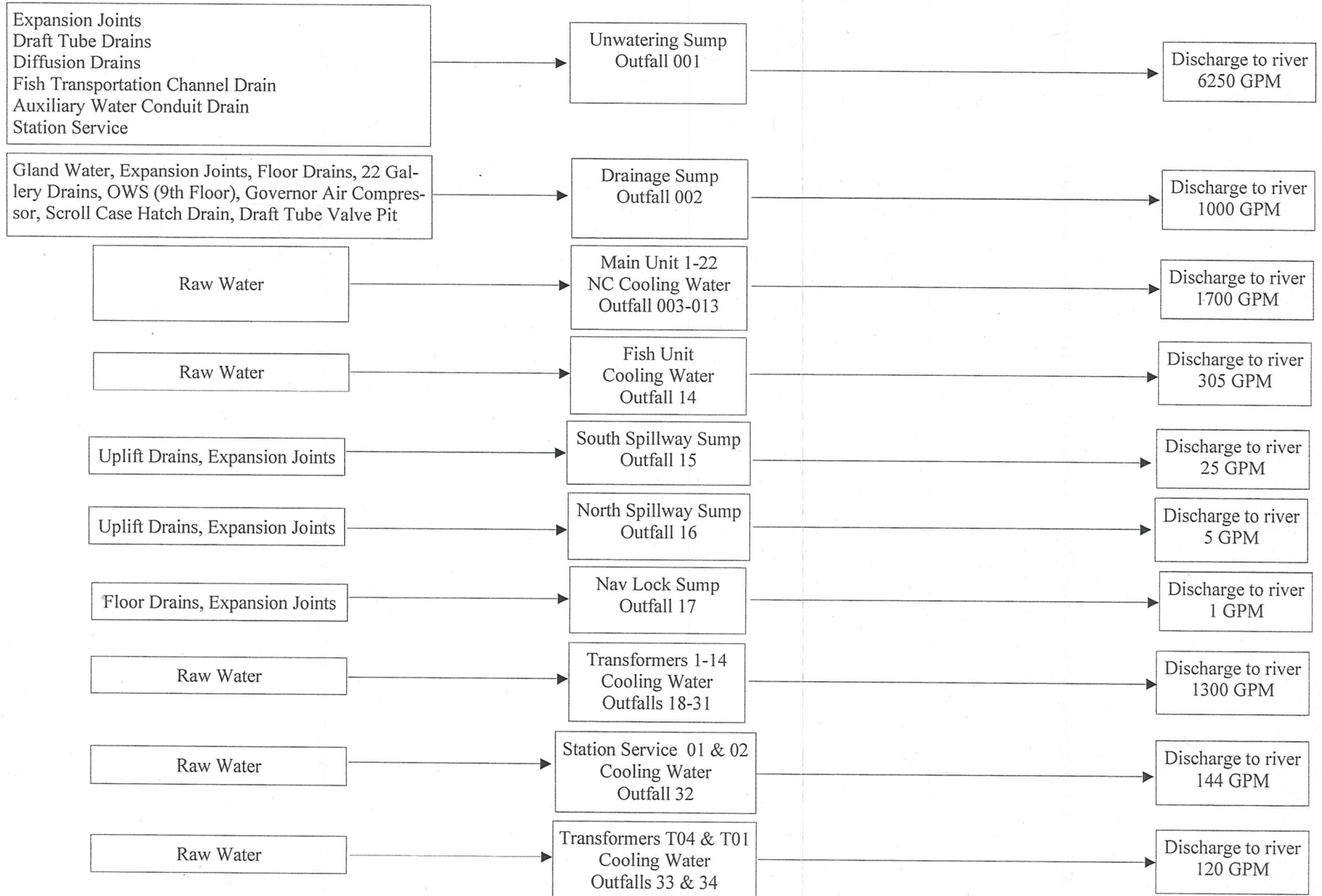
Location Map: The Dalles Lock and Dam



The Dalles Outfall Water Source

Line Drawing

Note: All intake sources are raw water from the Columbia River

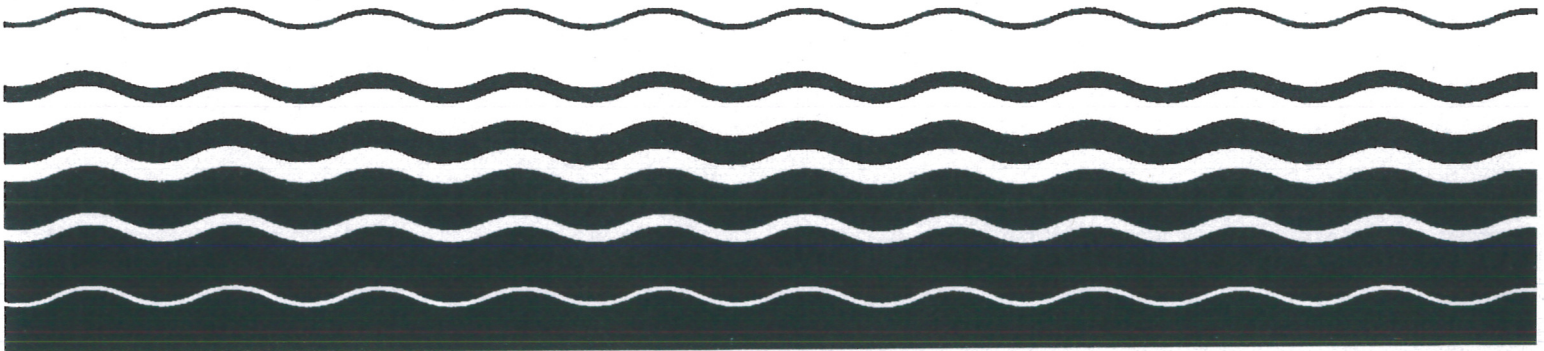


Permits Division



Application Form 2E —

Facilities Which Do Not Discharge Process Wastewater



Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

Paperwork Reduction Act Notice

The public reporting burden for this collection of information is estimated to average 33 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), US Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, marked **Attention:** Desk Officer for EPA.



Form 2E Instructions

Who Must File Form 2E

EPA Form 3510-2E must be completed in conjunction with EPA Form 3510-1 (Form 1). This short form may be used only by operators of facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by publicly owned treatment works (POTW's).

Where to File Applications

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2E (the short form) must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions. Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to

you, enter "NA" (for "not applicable") to show that you considered the question.

Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/l	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/l	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to your EPA or State permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

B. New dischargers

You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that followup testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering Study

Code

Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if he or she wishes to receive instructions on what his or her particular request should contain.

Item V

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

Item VI

Describe briefly any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

Item VII

This item is intended for you to provide any additional information (such as sampling results) that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible (see §122.45(g)). You will then be contacted by the permitting authority for further instructions.

Item VIII

The Clean Water Act provides severe penalties for submitting false information on this application form. Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

- a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

FORM
2E
NPDES**Facilities Which Do Not Discharge Process Wastewater****I. RECEIVING WATERS**

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
032	45.00	36.00	59.00	121.00	7.00	29.00	Columbia River

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)**III. TYPE OF WASTE**

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☒ Noncontact Cooling Water ☐ Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

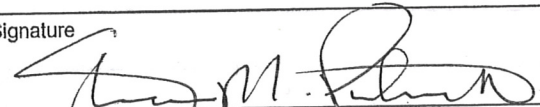
IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(4)
					Number of Measurements Taken (last year)	Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00	
Total Residual Chlorine (if chlorine is used)	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	13.21 lbs	11.00 mg/L	13.21 lbs	11.00 mg/L	1.00	
*Total organic carbon (TOC)	1.92 lbs	1.60 mg/L	1.92 lbs	1.60 mg/L	1.00	
Ammonia (as N)	0.38 lbs	0.32 mg/L	0.38 lbs	0.32 mg/L	1.00	
Discharge Flow	Value 145 gpm		0.208 MGD			
pH (give range)	Value 7.32					
Temperature (Winter)	12.80 °C		°C			
Temperature (Summer)	°C		°C			

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA		
VII. OTHER INFORMATION (Optional) Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
Station Service Units 1 and 2: Cooling water for the station service turbines (upper guide and lower thrust and air coolers) and discharges to the draft tube. Please see attached sheet for additional information.		
VIII. CERTIFICATION <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
A. Name & Official Title JOSE L. AGUILAR COL, EN Commanding		B. Phone No. (area code & no.) (503) 808-4500
C. Signature 		D. Date Signed 2015.02.24

VII. OTHER INFORMATION

The Dalles Lock and Dam

Background water samples were taken the day of the sampling.

TEMP °C	pH	BOD mg/L	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L
9.0	7.83	ND	ND	ND	2.10	ND	ND	NA

In addition to the outfalls specifically identified in this permit application The Dalles Lock and Dam is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 24 Kaplan Runners (22 main units and 2 fish units).
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of water from the scroll case to the turbine runner and other in-water equipment. During the lubrication process grease is pushed through equipment and can be released directly to the river. The system automatically greases the bushings when the unit is operating per manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water Equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.

VII. OTHER INFORMATION (continued)

The following temperatures were taken in 2008 as part of the original permit application. The data were reported in °F, so we have converted into °C for consistency. Oil and grease samples were not taken in 2008, but we sampled in 2015 and are reporting the results below.

The Dalles Lock and Dam

Outfall #	Degrees F	Degrees C	Oil and Grease
1	60	15.6	ND
2	66	18.9	ND
3	68	20.0	ND
4	66	18.9	ND
5	67	19.4	ND
6	66	18.9	ND
7	67	19.4	ND
8	66	18.9	ND
9	65	18.3	ND
10	66	18.9	ND
11	68	20.0	ND
12	68	20.0	ND
13	67	19.4	ND
14	67	19.4	ND
15	60	15.6	ND
16	66	18.9	ND
17	67	19.4	ND
18	54	12.2	ND
19	53	11.7	ND
20	53	11.7	ND
21	73	22.8	ND
22	54	12.2	ND
23	54	12.2	ND
24	55	12.8	ND
25	55	12.8	ND
26	54	12.2	ND
27	54	12.2	ND
28	54	12.2	ND
29	53	11.7	ND
30	53	11.7	ND
31	53	11.7	ND

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1) 023552		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES	<div style="display: inline-block; vertical-align: middle;"> <h2 style="margin: 0;">Facilities Which Do Not Discharge Process Wastewater</h2> </div>						
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude		Receiving Water (name)	
	Deg	Min	Sec	Deg	Min	Sec	
033	45.00	36.00	59.00	121.00	7.00	29.00	Columbia River
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input checked="" type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.							
NA							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).							
B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(4)	
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Total Suspended Solids (TSS)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00		
Total Residual Chlorine (if chlorine is used)	NA	NA	NA	NA	0.00		
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Total organic carbon (TOC)	1.20 lbs	1.01 mg/L	1.20 lbs	1.01 mg/L	1.00		
Ammonia (as N)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Discharge Flow	Value 120 gpm		0.173 MGD				
pH (give range)	Value 7.83						
Temperature (Winter)	13.40 °C			°C			
Temperature (Summer)	°C			°C			
*If noncontact cooling water is discharged							

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)

NA

VII. OTHER INFORMATION (Optional)

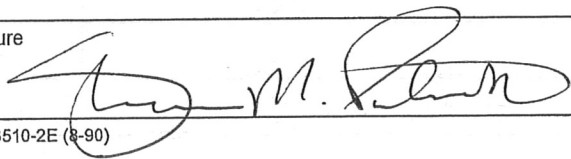
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Station Service Transformer T04

Please see attached sheet for outfall 032 for additional information.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title JOSE L. AGUILAR COL, EN Commanding	B. Phone No. (area code & no.) (503) 808-4500
C. Signature 	D. Date Signed 2050.24

FORM
2E
NPDES**Facilities Which Do Not Discharge Process Wastewater****I. RECEIVING WATERS**

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
034	45.00	36.00	59.00	121.00	7.00	29.00	Columbia River

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)**III. TYPE OF WASTE**

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☒ Noncontact Cooling Water ☐ Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00	
Total Residual Chlorine (if chlorine is used)	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	1.10 lbs	0.92 mg/L	1.10 lbs	0.92 mg/L	1.00	
Ammonia (as N)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 120 gpm		0.173 MGD			
pH (give range)	Value 7.61					
Temperature (Winter)	17.30 °C		°C			
Temperature (Summer)	°C		°C			

*If noncontact cooling water is discharged

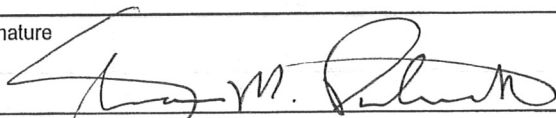
V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA		
VII. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
Station Service Transformer 01 Please see attached sheet for outfall 032 for additional information.		
VIII. CERTIFICATION		
<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
A. Name & Official Title JOSE L. AGUILAR COL, EN Commanding	B. Phone No. (area code & no.) (503) 808-4500	
C. Signature 	D. Date Signed 2050624	

FIGURE 1-1

